

WISCONSIN WELL WOMAN PROGRAM
SCREENING GUIDELINES and COVERED SERVICES
 April 1, 2003

- The Wisconsin Well Woman Program (WWWP) covers only a limited number of specified screening services related to detection of breast cancer, cervical cancer, cardiovascular risks, diabetes, osteoporosis risk, depression and domestic violence.
- The WWWP covers only limited and specified breast and cervical diagnostic procedures.
- WWWP clients diagnosed with breast cancer or cervical cancer as a result of WWWP-covered screening may be eligible to enroll in Well Woman Medicaid, which covers their treatment.
- WWWP covers only those procedure codes listed in the table below. Refer to the "WWWP Reimbursement" column for specifics.

PREVENTIVE MEDICINE EVALUATION			
WWWP SCREENING GUIDELINES			
Provide to all clients an initial and then periodic preventive medicine evaluation, that is <u>within the scope</u> of WWWP covered services. This includes:			
<ul style="list-style-type: none"> • Health history • Clinical breast exam, pelvic exam, Pap test, blood pressure measurement • Evaluation of risk factors for cardiovascular disease, diabetes and osteoporosis • Risk reduction counseling • Screening for depression and domestic violence • Referral for mammography and laboratory procedures as appropriate 			
See table below for specific screening guidelines and codes.			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
Initial patient (new) 99385 (Age 35-39) 99386 (Age 40-64) 99387 (Over 65)	Initial preventive medicine evaluation	One visit per client per provider per year. (If a health care provider can offer some but not all WWWP-covered services appropriate for a client, the provider may refer the client to another participating WWWP provider for the remaining services. For this reason, WWWP allows two preventive medicine office visits per client per year.)	It is expected that WWWP clients be encouraged to be screened for all health conditions covered by the program as appropriate.
Established patient (est) 99395 (Age 35-39) 99396 (Age 40-64) 99397 (Over 65)	Periodic preventive medicine evaluation		

DEPRESSION			
WWWP SCREENING GUIDELINES		REFERENCES	
Screen all clients as part of preventive medicine evaluation and refer as appropriate.		See Appendix 11 for information about depression screening tools. Screening tools are not diagnostic tools but help determine when further evaluation is necessary.	
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
90801	Psychiatric diagnostic consult	One evaluation per year as appropriate	Primary provider shall evaluate and make referral based on clinical judgement

DOMESTIC ABUSE			
WWWP SCREENING GUIDELINES		REFERENCES	
Screen all clients as part of preventive medicine evaluation and refer as appropriate.		See Appendix 11 for information about domestic abuse screening and for a list of local domestic abuse programs in Wisconsin.	

CARDIOVASCULAR RISK: HYPERTENSION			
WWWP SCREENING GUIDELINES		REFERENCES	
Screen all clients for risk factors and measure blood pressure as part of preventive medicine evaluation. Counsel on risk reduction as necessary. Risk factors: <ul style="list-style-type: none"> Smoking Age >60 years Dyslipidemia Diabetes mellitus Postmenopausal Family history in female first degree relative <65 years or male first degree relative <55 of years age 		National Institutes of Health/ National Heart, Lung, and Blood Institute: <u>JNC VI Guide to Prevention and Treatment Recommendations 1997</u> http://www.nhlbi.nih.gov/guidelines/hypertension See Appendix 11 for a summary of the JNC Guidelines.	
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
99385-87 (new) 99395-97 (est)	Initial and periodic preventive medicine evaluation	Risk assessment and BP measurement once annually as part of preventive medicine visit.	Results: Optimal 120/80 mm Hg High-Normal <130-139/85-89 mm Hg Stage 1 140-159/90-99 mm Hg Stage 2 and 3 ≥160/≥100 mm Hg Classification is dependent on major risk factors and target organ damage or clinical cardiovascular disease as well as blood pressure reading.
99211	Evaluation and management office visit	2 re-evaluation visits/ to follow-up borderline or elevated blood pressure	5 minute visit. Results: same as above

CARDIOVASCULAR RISK: DYSLIPIDEMIA																																															
WWWP SCREENING GUIDELINES		REFERENCES																																													
<p>Screen all clients for risk factors as part of preventive medicine evaluation and provide lipid testing as indicated based on client's risk profile. Counsel on risk reduction as necessary.</p> <p>Risk factors:</p> <ul style="list-style-type: none"> • Cigarette smoking • Age \geq 55 years • Hypertension BP \geq 140/90 or on antihypertensive medication • Family history of premature CHD in a male first degree relative < 55 years or female first degree relative < 65 years of age • HDL cholesterol < 40 mg/dl • Subtract one risk factor if HDL cholesterol \geq 60 mg/dl • LDL \geq 130 mg/dl <p>Identify coronary heart disease (CHD) equivalents:</p> <ul style="list-style-type: none"> • Diabetes Mellitus regarded as a CHD risk equivalent • 10 year CHD risk for Farmington tables $>$ 20% regarded as a CHD risk equivalent 		<p>National Institutes of Health/National Heart, Lung, and Blood Institute: <u>National Cholesterol Education Program ATP III Guidelines, May 2001</u></p> <p>Http://www.nhlbi.nih.gov/guidelines/cholesterol</p> <p>See Appendix 11 for ATP III Guidelines summary.</p>																																													
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS																																												
80061	Fasting lipid panel: LDL, HDL, TC, TG	<p>Lipid panel every 5 years if no risk factors</p> <p>Lipid panel annually if risk factors or CHD risk equivalents present</p> <p>One repeat lipid panel in 6 months if life style change is the only recommendation.</p>	<p>Fasting Lab Results:</p> <table> <tr> <th colspan="2">LDL cholesterol (mg/dl)</th><th colspan="2">HDL cholesterol (mg/dl)</th></tr> <tr> <td>Optimal</td><td><100</td><td>Low</td><td><40</td></tr> <tr> <td>Near optimal</td><td>100-129</td><td>High</td><td>\geq 60</td></tr> <tr> <td>Borderline high</td><td>130-159</td><td></td><td></td></tr> <tr> <td>High</td><td>160-189</td><td></td><td></td></tr> <tr> <td>Very high</td><td>\geq190</td><td></td><td></td></tr> </table> <table> <tr> <th colspan="2">Total cholesterol (mg/dl)</th><th colspan="2">Serum Triglycerides (mg/dl)</th></tr> <tr> <td>Desirable</td><td><200</td><td>Normal</td><td><150</td></tr> <tr> <td>Borderline high</td><td>200-239</td><td>Borderline high</td><td>150-199</td></tr> <tr> <td>High</td><td>\geq 240</td><td>High</td><td>200-499</td></tr> <tr> <td></td><td></td><td>Very high</td><td>\geq 500</td></tr> </table> <p>Classification is dependent on CHD risk equivalents and risk factors as well as laboratory results.</p>	LDL cholesterol (mg/dl)		HDL cholesterol (mg/dl)		Optimal	<100	Low	<40	Near optimal	100-129	High	\geq 60	Borderline high	130-159			High	160-189			Very high	\geq 190			Total cholesterol (mg/dl)		Serum Triglycerides (mg/dl)		Desirable	<200	Normal	<150	Borderline high	200-239	Borderline high	150-199	High	\geq 240	High	200-499			Very high	\geq 500
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36415	Venipuncture	For covered laboratory tests																																													

DIABETES			
WWWP SCREENING GUIDELINES			REFERENCES
<p>Screen all clients for risk factors as part of preventive medicine evaluation and provide testing as indicated based on client's risk profile. Counsel on risk reduction as necessary.</p> <p>Risk factors:</p> <ul style="list-style-type: none"> • First degree relative with diabetes • Overweight (BMI ≥ 25 kg/m²) • Waist circumference >35 inches • Members of a high –risk ethnic or racial group (e.g. African-American, Hispanic- American, Native American, Asian-American, Pacific Islanders) • Previously identified IFG (impaired fasting glucose) or IGT (impaired glucose tolerance) • Hypertension ($\geq 140/90$ mm/Hg) • HDL cholesterol level ≤ 35 mg/dl and/or Triglycerides level ≥ 250 mg/dl • History of GDM (Gestational Diabetes Mellitus) or delivery of babies over 9 lbs. • Polycystic ovary syndrome • Inactive lifestyle 			<p>Wisconsin Diabetes Advisory Group: <u>Essential Diabetes Mellitus Care Guidelines, Revised Edition (April, 2001)</u></p> <p>http://www.dhfs.state.wi.us/health/diabetes</p> <p>See Appendix 11 for screening criteria summary.</p>
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
82947	Glucose, fasting (FBG) (Fasting at least 8 hours prior to test) Preferred method	<p>Routine screen of women ≥ 45 every 3 years</p> <p>Annually if risk factors present</p> <p>Repeat on a subsequent day if elevated ≥ 126 mg/dl. If subsequent test is <126 mg/dl, WWP will reimburse on more test.</p>	<p>Fasting Results: WNL < 110 mg/dl</p> <p>IFG/Impaired Fasting Glucose ≥ 110 but < 125 mg/dl</p> <p>Elevated ≥ 126 mg/dl</p>
82947	Glucose, casual or random (note post-prandial timing)	<p>Routine screen of women ≥ 45 every 3 years</p> <p>Annually if risk factors present</p> <p>Confirm with FBG</p>	<p>Non-Fasting Results: Elevated ≥ 200 mg/dl</p>
82951	Glucose tolerance test,	If unable to obtain FBG	<p>Results: Elevated ≥ 200 mg/dl</p>
36415	Venipuncture	For covered laboratory tests	

OSTEOPOROSIS	
WWWP SCREENING GUIDELINES	REFERENCES
<p>Screen all clients for risk factors as part of preventive medicine evaluation. Counsel on risk reduction as necessary.</p> <p>Risk factors:</p> <ul style="list-style-type: none"> • History of fracture as an adult • History of fractures in a first-degree relative • Asian or Caucasian • Age \geq 65 years • Estrogen deficiency: <ul style="list-style-type: none"> Menopause < 45 Bilateral oophorectomy Premenopausal amenorrhea >1year Postmenopause • Lifetime diet low in calcium and vitamin D: eating disorders, anorexia, bulimia • Inactive lifestyle or extended bed rest • Low body weight <127 pounds, small-thin boned • Current smoker • Excessive alcohol intake • Diseases associated with osteoporosis such as endocrine disorders (glucocorticoid excess, hyperthyroidism, hyperparathyroidism, hypogonadism, hyperprolactinism, diabetes mellitus), gastrointestinal disorders (gastrectomy, pernicious anemia, malabsorption) • Drug induced: chronic glucocorticoids therapy, excessive thyroid hormones, gonadotropin releasing hormone analogs, selected anticonvulsants, chronic aluminum containing antacids, cytotoxics, barbiturates, heparin, tamoxifen 	<p>National Institutes of Health/Osteoporosis and Related Bone Diseases National Resource Center http://odp.od.nih.gov/consensus</p> <p>National Osteoporosis Foundation http://www.nof.org/professionals/clinical/clinical.htm</p> <p>U.S. Public Health Service, Clinician's Handbook of Preventive Services, 2nd edition</p>

CERVICAL CANCER			
WWWP SCREENING GUIDELINES		REFERENCES	
<p>Screen all clients every 1-3 years, based on client's risk profile and Pap history. WWWP encourages clinicians to make a special effort to identify and screen women who have not had a Pap within the past 5 years.</p> <p>Risk Factors</p> <ul style="list-style-type: none"> • Multiple sex partners • HPV and other STD history • Women infected with HIV • Hysterectomy related to treatment of cervical cancer or precancerous condition • History of cervical inflammation/ lesions • Long term use of oral contraceptives \geq 5 years • Early age at first intercourse (<18 years) • Low socioeconomic status • Cigarette smoking • Mother took Diethylstilbestrol 		<p>National Breast and Cervical Cancer Early Detection Program http://www.cdc.gov/cancer/nbccedp/</p> <p>American Cancer Society http://cancer.org/</p> <p>National Cancer Institute http://cancernet.nci.nih.gov/</p> <p>U.S. Public Health Service, Clinician's Handbook of Preventative Services, 2nd edition</p> <p>WWWP Clinical Guidelines for Breast and Cervical Cancer Screening and Follow-up (See Appendix 11)</p>	
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
99385-99387 (new) 99395-99397 (est)	Initial or periodic preventive medicine evaluation	<p>Pelvic exam with Pap as part of preventive medicine evaluation, once every 1-3 years based on client's risk profile and provider and client discretion.</p> <p>Note: Pelvic exam is only reimbursed when performed in conjunction with a Pap. The Pap smear may be provided at a subsequent visit if necessary (e.g. menses or inflammation present). WWWP will reimburse for an initial pelvic exam to determine if the woman has a cervix (i.e., history of hysterectomy). Pelvic exam is to include bimanual exam and visual exam.</p>	<p>Results: Normal Not suspicious for cervical cancer Suspicious for cervical cancer: additional screening required</p> <p>See above</p>
99201-99203 (new) 99211-99213 (est)	Evaluation and management office visit	Use code for follow-up, or re-evaluation Pap. See Note above.	99201 = 10 min 99211 = 5 min 99202 = 20 min 99212 = 10 min 99203 = 30 min 99213 = 15 min

CERVICAL CANCER – continued			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
88164, p3000	Pap smear, reported in Bethesda System	<p>High risk woman: annual routine pap</p> <p>Low risk woman with history of 3 consecutive, satisfactory annual examinations with normal findings: routine pap every 1-3 years at discretion of health care provider and client, but at least every 3 years</p> <p>WWWP will not reimburse cervical cancer screening after hysterectomy unless hysterectomy was for cervical cancer.</p>	<p>Results:</p> <p>Adequacy of specimen</p> <p>Unsatisfactory for evaluation</p> <p>Satisfactory for evaluation</p> <p>Satisfactory for evaluation but limited by</p> <p>General categorization</p> <p>WNL: Negative</p> <p>Benign cellular changes</p> <p>Epithelial cell abnormalities</p>
88141, p3001	Diagnostic Pap smear reported in Bethesda System and requiring interpretation by physician	<p>Recommended follow-up</p> <p>Squamous cell carcinoma: colposcopy with biopsy and Endocervical curettage (ECC)</p> <p>Adenocarcinoma: Colposcopy with biopsy and ECC</p> <p>AGUS: colposcopy with biopsy and ECC</p> <p>HSIL: colposcopy with directed biopsy and ECC</p> <p>LSIL options:</p> <ul style="list-style-type: none"> Colposcopy without a repeat pap smear if woman unwilling or unlikely to return for follow up, or has an immunodeficiency condition. or Follow up pap without colposcopy every 4-6 months until 3 consecutive negative smears. If a second pap smear indicates ASCUS/ premalignant change or SIL, recommend colposcopy. If all pap smears normal, return to usual schedule. 	<p>Epithelial cell abnormalities</p> <p>Squamous cell</p> <p>Squamous cell carcinoma</p> <p>ASCUS Atypical squamous cells of undetermined significance</p> <p>HGSIL High grade squamous intraepithelial lesions (moderate and severe CIN 2, CIN 3, and CIS)</p> <p>LGSIL Low grade squamous intraepithelial lesions (HPV/ Mild dysplasia/ CIN 1)</p> <p>Glandular cell</p> <p>Endometrial cells, cytologically benign, in post menopausal women</p> <p>AGUS Atypical glandular cells of undetermined significance</p> <p>Endocervical adenocarcinoma</p> <p>Endometrial adenocarcinoma</p> <p>Extrauterine adenocarcinoma</p> <p>Adenocarcinoma</p> <p>Other malignant neoplasms</p>

CERVICAL CANCER – continued			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
		<p>ASCUS options:</p> <ul style="list-style-type: none"> Colposcopy without a repeat pap smear if woman unwilling or unlikely to return for follow up, has severe inflammation not explained by GC or chlamydia, or has an immunodeficiency condition. -- or -- Follow-up pap without colposcopy every 4-6 month for 3 intervals until 3 consecutive negative smears. If a second pap smear indicates ASCUS or SIL recommend colposcopy. If all pap smears normal, return to usual schedule. Persistent ASCUS in colposcopy negative women return to annual exams if HPV negative or every 6 months if HPV positive or if HPV status unknown. <p>Unsatisfactory due to inflammation or other causes</p> <ul style="list-style-type: none"> Repeat pap in 3-4 months. Colposcopy if repeat smears also unsatisfactory due to blood, inflammation or debris. <p>Colposcopy follow-up Repeat Pap smears every 4-6 month x 2 years until 3 consecutive negative smears</p>	

CERVICAL CANCER – continued			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
88142	Thin prep	WWWP will reimburse at the conventional Pap rate for thin prep used to follow up an abnormal result.	Same as above.
99212	Colposcopy office visit		10 minute visit
57452	Colposcopy, without biopsy	Follow clinician recommendations	Results: Negative Inflammation/Infection/ HPV changes Other abnormalities Unsatisfactory: additional screening required
57454	Colposcopy with biopsy and/or endocervical curettage	Follow clinician recommendations	Noted below
57505	Endocervical curettage	Not done as part of D&C – follow clinician recommendation	Surgical procedure only
88305 88305 - TC 88305 - 26 TC = technical component 26 = professional component	Colposcopy Biopsy Interpretation	Up to 5 specimens per procedure. Additional specimens must be preapproved by WWWP Service Delivery Coordinator.	Results: Normal/Benign/Inflammation Other non-malignant abnormality HPV/ Condylomma/Atypia CIN I/Mild dysplasia CIN II/Moderate Dysplasia: treatment required CIN III/Severe dysplasia / CIS: treatment required Invasive Cervical Cancer: treatment required. Adenocarcinoma : treatment required
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list trays, supplies, or materials provided)	As required over and above those usually included	

BREAST CANCER			
WWWP SCREENING GUIDELINES		REFERENCES	
<p>Provide CBE to all clients annually as part of preventive medicine visit. Provide screening mammogram to clients every 1-2 years based on age and risk profile. The WWWP encourages clinicians to teach/discuss BSE.</p> <p>Major Risk Factor</p> <ul style="list-style-type: none"> Family history of breast cancer in a first degree relative Previous breast cancer or carcinoma in situ <p>Other Risk Factors</p> <ul style="list-style-type: none"> Increased age History of mammographic abnormalities History of atypical hyperplasia on breast biopsy Proliferative breast lesions without atypia Nulliparity First pregnancy after 30 years of age Menarche before 12 years of age Menopause after 50 years of age Post menopausal obesity High socioeconomic status History of ovarian or endometrial cancer History of exposure to high dose thoracic radiation 		<p>National Breast and Cervical Cancer Early Detection Program http://www.cdc.gov/cancer/nbccedp/</p> <p>American Cancer Society http://cancer.org/</p> <p>National Cancer Institute http://cancernet.nci.nih.gov/</p> <p>U.S. Public Health Service, Clinician's Handbook of Preventative Services, 2nd edition</p> <p>Textbook of Woman's Health edited by Lila Wallis, Lippincott- Raven, 1998</p> <p>WWWP Clinical Guidelines for Breast and Cervical Cancer Screening and Follow-up (See Appendix 11)</p>	
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
99385-99387 (new) 99395-99397 (est)	Initial and periodic preventive medicine evaluation	CBE once annually as part of preventive medicine evaluation.	CBE preferably should be done within 30 days prior to mammogram. CBE and mammogram should be done within 3 months of each other.
99201-99203 (new) 99212-99213 (est)	Evaluation and management office visit	Repeat CBE's if abnormality is identified. Number and frequency per provider discretion. Abnormalities must be described.	<p>Results: Normal Benign findings Discrete Palpable Mass: additional screening required Bloody or Serous Nipple Discharge: additional screening required Nipple or Areolar Scaliness: additional screening required Skin Dimpling or Retraction: additional screening required</p> <p>An abnormal mass identified on CBE but with a negative or benign or probably benign mammogram must be further evaluated with ultrasound, fine needle aspiration and/or biopsy.</p>

BREAST CANCER – continued			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
99241-99243	Consultation office visit	<p>Only reimbursed after abnormal CBE and/or mammogram to determine the additional diagnostics.</p> <p>WWWP will not reimburse office visits to report results of breast diagnostics or to discuss subsequent treatment.</p>	99241= 15 minutes 99242= 30 minutes 99243= 40 minutes
76092 76092 - TC 76092 - 26	Screening mammogram- for the woman with a normal CBE	<p>50-64 years of age: annually</p> <p>40-49 years of age and high risk: annually or biennially at provider's discretion.</p> <p>More frequent for short term follow-up</p> <p>WWWP does not reimburse for routine screening mammograms for women under age 50 who are not at high risk.</p>	<p>Results (American College of Radiology Assessment Categories):</p> <p>0: Needs additional imaging</p> <p>1: Negative</p> <p>2: Benign</p> <p>3: Probably benign, short interval follow-up suggested</p> <p>4: Suspicious abnormality : biopsy should be considered</p> <p>5: Highly suggestive of malignancy: appropriate action should be taken</p> <p>An abnormal mass identified on CBE but with a negative, benign or probable benign mammogram must be further evaluated with ultrasound, fine needle aspiration and/or biopsy.</p>
76090 Unilateral 76090 Unilateral -TC 76090 Unilateral - 26 76091 Bilateral 76091 Bilateral -TC 76091 Bilateral - 26	Diagnostic mammogram	<p>As the initial mammogram for symptomatic women ≥ 35-64</p> <p>Following abnormal CBE or mammogram screening to facilitate diagnosis</p>	Same as above
76645 76645 - TC 76645 - 26	Breast ultrasound	As needed, determined by provider.	<p>Results:</p> <p>Normal/No abnormality</p> <p>Cystic Mass</p> <p>Other benign abnormality</p> <p>Suspicious for malignancy: additional screening required</p>
76095 76095 - TC 76095 - 26	Stereotactic localization for breast biopsy, each lesion, radiological supervision, and interpretation	As Needed	
76096 76096 - TC 76096 - 26	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	As Needed	

BREAST CANCER – continued			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
76098 76098 - TC 76098 - 26	Radiological examination, surgical specimen	As Needed	
76942 76942 - TC 76942 - 26	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	As Needed	
10021	Fine needle aspiration without imaging guidance	As Needed	
10022	Fine needle aspiration with imaging guidance	As Needed	
19000	Aspiration of breast cyst	As Needed	
19001	Aspiration of breast cyst, additional	As Needed	
19100	Breast biopsy, Needle Core (surgical procedure only)	As Needed	
19101	Incisional biopsy of breast	As Needed	
19102	Percutaneous, needle core, using imaging guidance	As Needed	
19103	Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	As needed	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple/areolar lesion	As Needed	
19125	Excision of breast lesion identified by pre-operative placement of radiological marker-single lesion	As Needed	
19126	Excision of breast lesion identified by pre-operative placement of radiological marker-each additional lesion	As Needed	
19290	Preoperative placement of needle localization wire, breast	As Needed	
19291	Preoperative placement of needle localization wire, breast, each additional lesion	As Needed	
19295	Image guided placement metallic localization clip, percutaneous, during breast biopsy	As Needed	
88172 88172 - TC 88172 - 26	Evaluation of fine needle aspiration	As Needed	

BREAST CANCER – continued			
CODE	DESCRIPTION	WWWP REIMBURSEMENT	COMMENTS
88173 88173 - TC 88173 - 26	Interpretation and report of FNA	As Needed	Results: No fluid or tissue obtained Not suspicious for cancer Suspicious for cancer: additional evaluation necessary
88305 88305 - TC 88305 - 26	Breast Biopsy Interpretation	Up to 5 specimens per procedure. Additional specimens must be preapproved by WWWP Service Delivery Coordinator.	Results: Normal Breast Tissue Benign changes Hyperplasia
88307 88307 – TC 88307 – 26	Breast, excision of lesion – surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	Up to 5 specimens per procedure. Additional specimens must be preapproved by WWWP Service Delivery Coordinator.	Carcinoma in Situ: treatment required Carcinoma in Situ CIS: treatment required Ductal Carcinoma in Situ DCIS Lobular Carcinoma in Situ LCIS
88331	First tissue block, with frozen section(s), single specimen	As Needed	Invasive Breast Cancer : treatment required Tumor stage per AJCC Tumor size
88332	Each additional tissue block with frozen section(s)		
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list trays, supplies, or materials provided)	As required over and above those usually included	
19100, 19101, 19120, 19125, or 00400 QY, QK, AD, or AA for physician QX or QZ for CRNA	Anesthesia as needed for breast biopsies – use procedure code or anesthesia code 00400	As Needed	